

INSTRUCTIONS FOR HOLDER REQUEST FOR REIMBURSEMENT

PURPOSE:

A holder of unclaimed property must complete this form from the State for funds which were paid by the holder and the rightful owner (or his representative) has been paid for the property.

COMPLETION OF FORM:

All information must be complete. A separate Holder Request for Reimbursement should be submitted for each report year and each claimant.

Part I.

Holder Information: Enter the name, address, Federal Tax ID number, telephone number, and contact person of the holder.

Part II.

Claim Information: Enter all data necessary to identify property for which the holder is seeking reimbursement. The identification data entered on this form must be identical to the information included on the Report of Abandoned and Unclaimed Property submitted to the State by that holder.

- 1) Property Code-the universal NAUPA codes for the property claimed as defined on the Summary Sheet of Reported Items or Property Codes.
- 2) Account/Reference Number-the identification number of the property which was entered.
- 3) Owner(s) name and Address-the full name(s) and address(es) of all the owner(s) as shown on the report. If "unknown" at the time of report, designate same.
- 4) If the account was reported in the aggregate, please indicate in the "Account/Reference Number" column.
- 5) Claimant(s)-Name and Address-the full name(s) and address(es) of the person(s) who filed the claim if different than the owner.
- 6) Date Paid to Claimant or Date Account Reactivated-the date the claim was paid to the owner (or his representative) or when the account was reactivated by the holder.
- 7) Amount Paid-the amount paid for the property transmitted by the holder to the State.
- 8) Total of Reimbursement-the amount expected to be reimbursed to the holder by the State.

Part III.

Holder Certification: This notarized statement must be completed before the State will process the request for reimbursement and make payment. Proof that the claimant was paid and entitled to the property must be maintained and is subject to audit and review by the State.



Holder Request for Reimbursement Standardized Holder Claim Form

AUDITOR OF STATE - UCP DIVISION

1400 West Third Street, Suite 100

Little Rock, AR 72201 - 1811

Please Print or Type

For funds paid to the Department for Report Year

ending _____ Date remitted : _____

PART I: HOLDER INFORMATION: *(See instructions on reverse side for claim completion)*

Name of Holder:

Address:

City:

State:

Zip:

Tax ID#:

Telephone No.:

Contact:

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PART II: CLAIM INFORMATION – Please Note Use only one form per "owner"

Property Code	Acct Reference No (If Aggregate – Specify)	Owner's Name exactly as on report	Owner's Address as listed on report	Claimant's Name & Address If different than Owner	Date Pd to Owner or Acct Reactivated	Amt Paid

If amount was remitted in error – please explain

Total Request for Reimbursement: \$ _____

PART III: HOLDER CERTIFICATION

Sworn to and subscribed before me this

_____ day of _____ 20__

Notary: _____

My commission expires: _____

I, _____ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above described property to indemnify the state and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason of turning over property to the holder and by reason further of its refusal to pay the property to any other person or persons:

Name of Representative (type of print) _____

Signature of Holder Representative _____ Date _____